



City of Elkins

401 Davis Avenue
Elkins, WV 26241

Phone: 304-636-1414
Fax: 304-636-7866

CAT LICENSE APPLICATION

PET OWNER

Name _____ Phone _____

Street Address _____

Mailing Address _____

CAT INFORMATION

Name _____ Breed _____

Primary Color _____ Secondary Color _____

Distinguishing Markings _____

Coat Length: Short Medium Long Female Male Tail Docked

Rabies Vaccine: Date Given _____ Date Expires _____

COPY OF RABIES CERTIFICATION MUST BE ATTACHED.

Fees: \$ 5.00 Altered (Neutered or Spayed) - ***PROOF MUST BE ATTACHED.***

\$ 25.00 Unaltered

\$100.00 Breeder

I certify the information included in this application is correct, that I am 18 years of age or older, and that I am the owner of the described cat.

Signature of Owner

Date

FOR OFFICE USE ONLY

License # _____ Mailed Yes No Date Issued _____

Neutered/Spay proof submitted Yes No Rabies Certification submitted Yes No

Amount Paid \$ _____ Receipt # _____